

Provider meeting Jan 15th,2009

Present:

- John Center, Gail Fitch, Amy Ackroyd, Marshall Abbott (Sweetser)
- Terry Valente, Anne Tobias, Hanna Sterzel (Affinity)
- Doug Patrick, Marie Gray, Jim Allen, Michelle Armstrong, Sally Hunt, Clarice Dunn, Ellen Tims, Lisa Salger, Bob Barton, Rachel Posner, Brian Walsh (DHHS)
- Bart Beattie (Providence)
- Elizabeth Sjulander (Saco River Health)
Kelsey, Holt, Judi Weston, Will Liberty, Jessica Arndt (Woodfords)
- Molly McMahon (Community Counseling Center)
- Jamie Leavitt (Waban)
- Sandy Kennedy (Milestones)
- Colleen Gilliam (Independence)
- Beth Blanchette (KidsPeace)
- Laurie Raymond, Erica Whiting (Port Resources)
- Carolyn Cheney (Pine Tree Society)
- Katherine Porter (Living Innovations)
- Heather Borst (Connections for Kids)
- Melissa Maurais (Café)
- Karen Backman, Desiree Bryant (Casa)
- Durinda Chace, Amy Cohan (Spurwink)
- Pat Proulx-Lough (Tri-County MH Services)
- Brenda Smith, Wendi Dubois (YAI)
- Rhonda Juneau (Growing Opportunities)
- Hannah Welch, Brett Webster (Bridges of Maine)
- Gary Grover (Back to Basics)
- Amy Mihill (MVRA)
- Karri White (Infinite Horizons)
- Erin Newcomb, Nichole Hinton (PMC)

APS Healthcare

(Eric Meyer)

Update regarding Maine behavioral health ASO (Administrative Service Organization):

APS receives about 20,000 requests a month.. About half of them are registrations for new services, the other half are authorization requests. That includes children & adults. Work is going on regarding reducing the “administrative burden.” APS will be meeting with providers soon to review recommendations. They are very aware of this issue & know it is ongoing. They are hoping for positive changes soon. Also, there were some software changes in their connection with MECMS that have not been working smoothly for the last few weeks. If providers see issues with this, please contact APS for help.

On the clinical side—the targeted case management billing switched this fall to quarter hour units. APS staff has been working with providers around registrations, requests for the right number of units, etc. APS would like to do training, either by phone or by coming to staff meetings. Providers should contact Eric or Carla Stockdale or Kelly Bickmore about this.

Regarding Wraparound Maine, APS strongly supports the program. Because of the way that program is currently structured, there are some different parameters with APS.

APS is going to work with CBHS & some pilot providers about some new outcome tools. Following up on CAFAS for 65M. [*Note: “65M” has a new number and name in the MaineCare regulations. It is now 65.06-9, and is officially called Children’s Home & Community Based Treatment.*] There will be more to come. These tools are important in being able to demonstrate positive outcomes for children and families, and the effectiveness of the services.

Questions etc.

- In December, providers got a long questionnaire about APS performance. Interviewed her staff to fill out the questionnaire, and got very good feedback. (Saco River) Eric talked about the ways in which the data collected by APS can help all of us increase our understanding about who is receiving services, and from whom; and next step will be data on effectiveness; and meeting the needs of consumers effectively.

High Fidelity wraparound

Sweetser—Gail Percy-Fitch

Referred to description handed out by YAI regarding wraparound. Gail also distributed handouts that include website for the national wraparound initiative. There is also a Maine website, www.wraparoundmaine.com. This is an extension of the wraparound model that many people are familiar with from the 1990s. This is a process, not necessarily a service. It’s not plugging families into services that already exist. They work with the top 5-10% of families, who have tried lots of services, and haven’t fitted into other services. They work to put together a team to brainstorm ideas & think outside the box. They devise individual plans. The process gives the opportunity to be very creative and participants are not stuck in traditional services. One big question is what it’s like for each of us when we’re in crisis—who do we call? Answers were mom, best friend, etc. Many of the families we work with don’t have those connections for various reasons. They may call case manager, in absence of natural supports. Part of the facilitator role is to get to know the family & its culture, and try to re-engage people & natural supports so they can be there for the family in the future. Over time, the family may be able to step away from traditional services. There may always be a need for some traditional services (hospitalization, outpatient) but they largely work to support families within their culture.

The referral process is different for each wraparound site. Each site has a Community Collaborative Board. HiFi wraparound works with families and with the community.

Teams are part professional, part other community members. Each board comes up with its own gatekeeping policy and own flexible fund policy. Even within the Sweetser sites, these policies differ.

YAI

For intake, people should call YAI Central Intake. They process initial information & send it to Brenda Smith. She then goes over the referral with the board's gatekeeping committee. Timeline between referral & time the family hears? About a week. The gatekeepers are very responsive so the process doesn't take long. Sometimes it might take longer if the gatekeepers have questions, & Brenda needs to gather more information.

Gail—generally the families haven't been successful in other services, so the sites try to process referrals quickly.

The board's role is to look at systems issues and to help access community resources. For example, there is a subcommittee at the Sagadahoc board looking at the possibility of developing a new resource, which was identified as a need through a particular team. Community ownership—the board is owned by the community, not by Sweetser.

Who can make referrals? Anyone involved with the child's life can get in touch with someone to find out who the appropriate person may be.

It is important to note that even though the “facilitator” is not a case manager, family can't have both regular case manager and a hifi wraparound person. Most of the facilitators have been case managers. CM activities are done through the team, to empower the team, so when the facilitator steps away the team is self-sustaining.

Brenda Smith—their facilitators do see themselves as case managers, and that some activities do fall to them as case managers. But the idea is to develop a team with professional and natural supports so that the process can be shared within the group, so the facilitator is not the go-to person for everything.

Question: are there funds for interpreters? Brenda—whatever makes most sense. There's money to pay if that's needed, but if there are other options to explore, team would look at other options also. Particularly in the initial stages of the process there may need to be an interpreter for this intensive initial work.

How much contact does Wraparound Maine have with each family each week? Initially they could spend 5 or more hours/week with the family, especially while you're learning who the family is, who is important in their lives (neighbors, teachers etc.). Once the team is formed, meetings can happen weekly, then over time may go to every other week etc.; and increase if/when needed.

Question: a provider involved with a wraparound family, this intense process has taken a lot of his time. And this time is not billable for the Section 24 providers—there's no way to bill for Section 24 attendance at meetings. Gail indicated that in her site, the team can sometimes negotiate to pay for time of participants. In terms of the provider receiving lots of calls outside of the meeting from the parent, HiFi Wrap encourages issues to be

brought to the meeting. Rachel Posner brought up that the time issues & other constraints of team participants need to be respected. The provider indicates that there are lots of other demands on his time in the wraparound process, and the time spent should be reimbursable in some way (through MaineCare as collateral contacts).

A provider that has experience in a team has seen families be pretty persistent in asking for money. Gail—hifi wrap has been a learning curve, and need to get better at asking families, what would you have done without Hi Fi wraparound services and is this a crisis, or can it wait for a team meeting?

Another issue (Woodfords)—wraparound includes the entire family, & that's commendable, but Section 24 is supposed to focus only on the child. Things can get muddy. This process does take a lot of time. You can redirect the family back to the team, but there are lots of calls. A suggestion was made to bring this question (from the providers about their time) to the state level governing council for Wraparound Maine for discussion.

(Doug Patrick) Described the statewide governing council—it includes representatives from the collaborative boards of the sites, parents, youth, state agencies, etc. That's the place where a lot of these issues will be discussed. Also—the issue of collateral contact needs to be examined; but also the discussion at each team needs to include how much you can ask from different members of the team, how much they can contribute—maybe it's only by phone.

Adult Waiver Updates

Jeff Scott, Pete Auger

There are actually 2 waivers, the comprehensive waiver (section 21) and the support waiver (section 29). Now and for foreseeable future, the section 21 waiver is closed to new persons, closed in terms of being able to access funds through that waiver. The section 29 waiver, a smaller waiver and doesn't include residential services but includes community support and day programming, is still open. They're trying to juggle to support consumers using only section 29. Adult Services doesn't know how long this will be the case. They're trying to come up with as many creative approaches as they can. They recognize the needs, and are prioritizing the waiting list, so they know who to serve as soon as they are able to take on new clients into the waiver. They don't know when they might be able to open the section 21 waiver.

Pete—We are already seeing that almost all of the crisis homes in the state are full, in absence of access to the waiver. Caseworkers need to be as clear as possible with families. For children in out-of-state residential programs, & children in state custody, the waiver is not open to receive them at transition to adult services. But they do need to apply for the waiver, because this helps in putting together a waiting list and making an argument for the need. Jeff—people need to apply to Adult Developmental services for eligibility determination for adult services, then if eligible for adult services, next step is eligibility determination for the waiver, even though there's a wait list.

Question; Are cuts coming to the existing waiver homes?

Answer: There will be a 10% across the board cut. Also, there is an effort to move people to the median number of hours. Adult Services is currently sending out letters to those who have requested to be above the median. Letters are going to the consumers and guardians. Adult Services is also looking at eliminating staffing hours for shared living homes. But there will be some folks who will meet criteria for staffing hours for shared living homes. They have been reviewing case-by-case any requests for a consumer to be supported above the median number of hours.

The Governor's budget recommends elimination of community supports for consumers of section 21 who are living in group homes and shared living. But for those living at home, they would continue to receive community supports. This means—someone getting section 21 services would not get the community support waiver (section 29)

Question: There is a child on the waitlist for adult services section 21 waiver. He is aging out of children's services in the next few months. He has had a considerable turnover of case managers. The family is worried that when he ages out soon, he will lose the section 24 children's services.

Bob—there are individuals between 18-21 who will lose section 24 services at age 21. Regarding difficulty getting help because of case management turnover—need to go up the hierarchy at the agency. Or—there's a list of adult MR case management agencies. It's at http://www.maine.gov/dhhs/OACPDS/DS/resource_directory/Cumberland/case-management.html.

What's covered in section 29? "In-home supports" as done in the children's system aren't included. In future, they're looking at that.

Adult services do not provide respite through state dollars any more.

Are there existing in-home supports for adults?

If they're already on waiver, they aren't being terminated. Issue is that no new people are coming on.

Waiting list categories are in the rule.

<http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s021.doc>

The adult piece of section 24 is going away. Not the children's part.

January form revisions

They are on the website.

Here is the link for the TCM forms, Day Habilitation Section 24 forms, and Child and Family Behavioral Health Treatment (formerly Section 65 M & N).

<http://www.maine.gov/dhhs/ocfs/cbhs/provider/forms/home.html>

Question: could the link to forms be easier to find?

Question: the new change of status form shut down her computer.

Clarice—which forms go to who at CBHS.

All 65M referrals go directly to Michelle Armstrong.

Jana does the matches for 65M.

All referrals for 24 go to Lisa Salger.

Change of status forms for case management go to Lisa & Michelle according to county.

Change of status forms for section 24 come to Clarice as do all ITPs and 90 day reviews.

Change of status for 65M go to Jana.

Password protecting documenting—make sure each attachment is password protected.

Clarice says that she finds the password protecting is working well.

Question: Can providers receive a one-page of who gets what?

Answer: Yes.

We only change forms twice a year, January and July.

Question: can the providers get a list of the new forms?

Answer: we'll send the link

Flexible funds

We still have some. We have nowhere near what we started with, or what we had in previous years. But we can't do large, high cost expenses. There is also no therapeutic recreation money left.

How do make a referral for flex funds?

We can get some forms to you.

Bob gave some examples of what we pay for through flex funds.....Always ask & we'll look at a request. Please ask the family if they can make a contribution.

If the child is involved with Wraparound Maine, make sure that the wraparound team is looked at for wraparound Maine resources.

Question: individual child example....we need to problem-solve it separately

Bob talked about sustainability: For some expenditures that are not one time purchases, case managers should ask the family, "If we run out of funds, will the family somehow be able to pay for it?"

Collaboratives

An effort is under way to establish an "collaborative" for children & families in each county/district. The purpose is to bring together a very diverse group of professionals, parents, youth, & community members to identify & address the community's major issues regarding children & families. Collaboratives are in the early stages of development in York County and in Cumberland County.

- In York County, the Collaborative is being brought together by Southern Maine Parent Awareness. SMPA spent the summer identifying initiatives that are already

underway in the county, and inviting representatives to come together. There have been several meetings, & the group already has a mission statement & goals. For more information, contact SMPA. The next meeting is February 5 at SMPA.

- In Cumberland County, there have been 2 meetings of a diverse group of parents & professionals. The group is still working on defining its focus. Next meeting is February 11 at YAI. For more information, contact Rachel Posner.

Budget

Doug Patrick from CBHS described three budget initiatives.

- Identify in the PNMI system certain ways children get into residential treatment outside of the OCFS process. Some changes are under way to make sure there's one prior authorization process. It's not a dramatic change for people who are used to working with CBHS's Mental Health Program Coordinators and the ITRT process.
- The Department received approval to access Medicaid dollars for some of the activities we do at CBHS. CBHS staff working on Medicaid-related issues will be able to recoup some costs.
- The Department is looking at criteria for case management. The Department is looking at the CAFAS and CHAT tools, & has some numbers/scores in mind. This isn't an implementation of any prior authorization for case management; just at the first 90 day review, look at those scores.

All of this is subject to change at the legislature.

The privatization of the Elizabeth Levinson Center is also a budget initiative. Doug did not know of any program changes accompanying the privatization.

So far, respite has not been touched. Doug encouraged the group to keep accessing respite services, & encourage families to use it.

Judy Weston from Woodfords mentioned the new respite website, which is www.respiteforme.org. It includes on-line training for people interested in becoming trained respite providers. The website is working well. If families have trouble accessing providers, please let Woodfords know. At present there is no waiting list. Please call if families are concerned about co-pays.

Child STEPS

Child STEPS is a project being conducted at Community Counseling Center, Counseling Services Inc., and Kennebec Behavioral Health (Region 2) to examine the effectiveness of certain research-tested interventions in clinic-based outpatient therapy. The project works with children ages 8-13 who are involved with the child welfare system. It is funded through grants from the MacArthur Foundation and Casey Foundation, with research & clinical support provided through the Judge Baker Children's Center at Harvard. The project is looking for referrals.

Other

Question: For 65M services, certain outlying communities aren't being served. Is the state looking at how those communities are being served?

Answer: we're always looking at providers to serve the outlying communities.

Doug—occasionally we make accommodations—if an agency has idea, give us a call. Maybe some flexibility in qualifications of clinicians, for serving very underserved rural areas.

Question: should agencies consider expanding given the budget issues?

Answer: Remember that Medicaid entitlements continue, for medically necessary services. There's no guarantee that there won't be further curtailments, but at present nothing further is proposed related to Section 24, case management, & 65M. The critical advice for providers is to talk to the regional office if a provider is considering expanding. There are some areas that are probably over-filled with providers, but there are also areas where there is need.

Question: Is managed care coming to 24?

Answer? In essence that's what CBHS does. No plans for APS to do that.

Question: a youth graduates from high school and gets in-home support. Can the youth get Sections 24 and 29? Isn't it legal to get both?

Answer: Mike Parker indicated that there are about 10-12 youth that have both Sections 24 and 29. CBHS is working with Adult Developmental services around the youth who receive both. Doug strongly encouraged that youth have one or the other, & indicated that if there's a way to include the entirety of the services that are needed in one plan (24 or 29) that's preferable.

Please check if bills are getting paid, if agency serving client who gets both service.